

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155605		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/19/2011	
NAME OF PROVIDER OR SUPPLIER GRANDVIEW HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN46151			
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F0000	<p>This survey visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00089679 and IN00090001.</p> <p>Complaint IN00090001 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157 & F 272.</p> <p>Complaint IN00089679 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 15, 16, 17, 18, & 19, 2011.</p> <p>Facility number: 000400 Provider number: 155605 AIM number: 100266880</p> <p>Survey team: Diane Dierks, RN-TC Marsha Smith, RN Patti Allen, BSW Leia Alley, RN</p> <p>Census bed type: SNF: 12 SNF/NF: 59 Total: 71</p> <p>Census payor type: Medicare: 19</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Medicaid: 46 Other: 6 Total: 71 Sample: 15 Supplemental sample: 1 These deficiencies reflect state finding cited in accordance with 410 IAC 16.2. Quality review completed on May 25, 2011 by Bev Faulkner, RN						

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure a decline in health status was reported to the</p>			F0157	<p>1. Resident A's physician was notified and the resident was admitted to the hospital for treatment of an acute condition and has since returned.2. All residents have the potential to be affected. See below for corrective measures.3. Licensed nursing staff were re-educated on policy related to physician</p>		06/06/2011

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	<p>physician in a timely manner for 1 of 8 residents reviewed for significant changes in a sample of 15. (Resident A).</p> <p>Findings included:</p> <p>A facility policy, dated January, 2006, and titled "Acute Change in Condition/Emergency Physician Services Procedure," provided by the Director of Nursing (DON) on 5/17/11 at 12:15 p.m., included, but was not limited to, the following:</p>				<p>notification with acute changes in condition (see attachment A), after the policy was reviewed and no changes were indicated. The DON or her designee will review all Nurse's Notes and 24-Hour Condition Report sheets daily on scheduled work days indefinitely to ensure changes in condition are communicated timely to the resident's physician (see attachment B).4. The findings of the audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 6, 2011.</p>		

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	<p>"...Purpose: To ensure an acute change in a resident's condition will be addressed in a timely manner as it pertains to needed transfer to an acute care setting...1. Contact the attending physician/on-call physician when the resident's condition requires immediate attention or acute care follow-up...."</p> <p>A facility policy, dated January, 2006, and titled "Physician & Family Notification Procedure,"</p>						

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	<p>provided the DON on 5/17/11 at 12:15 p.m., included, but was not limited to the following:</p> <p>"...1. Telephone notification is required for all emergencies or all condition changes that require an immediate response...2. Notify the physician of any change in condition that may or may not warrant a change in the treatment plan..."</p> <p>The clinical record for Resident A was reviewed on 5/16/11 at 2:00 p.m.</p>						

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	<p>Diagnoses for Resident A included, but were not limited to, small bowel obstruction, small bowel resection (surgical procedure), history of gastrointestinal bleed, gastroesophageal reflux disease, constipation, gallstones, anemia, dementia, psychosis, anxiety and depression.</p> <p>Nursing notes included, but were not limited to, the following:</p> <p>4/20/11 at 2:00 p.m.: "...Res.(resident)</p>						

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	nauseous and vomiting all shift..." 4/20/11 at 11:30 p.m.: "...nurse reported that res has vomited 3-4 x's(times) this evening..." 4/21/11 at 5:00 a.m.: "...Res has vomited x 2, vomit is dark green/black, with odor similar to stool...morning meds held secondary to vomiting..." 4/21/11 at 12:00 p.m.: "...resident vomited at 9 a.m. after breakfast...resident given enema & results of x lg(extra large) ...MD(medical doctor)						

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	<p>called and is aware of condition...."</p> <p>During an interview on 5/17/11 at 11:50 a.m., the DON indicated the nurse on night shift (RN # 5) who assessed the vomiting as dark green/black, with odor similar to stool (4/21/11 at 5:00 a.m.), did not notify the physician at the time of the occurrence. She indicated the physician was not notified until the next shift (4/21/11 at 12:00 p.m.) and no orders were received at</p>						

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	<p>that time. After the interview, the DON provided a time line, which indicated the exact time of initial physician notification was 4/21/11 at 10:00 a.m.. and was done by LPN # 1.</p> <p>During an interview with LPN # 1 on 5/19/11 at 10:56 a.m., she indicated after the night shift had reported to her that Resident A had vomited during the night, she notified the physician on 4/21/11 at 10:00 a.m. and no orders were</p>						

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	<p>received. She indicated she informed the physician Resident A had vomited throughout the night with small bowel movements noted. She indicated she did not remember if she reported to the physician that the vomit was dark green with the smell of stool, because she was not sure if the night shift had reported this description to her.</p> <p>This Federal tag is related to complaint IN00090001.</p>						

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F0272 SS=D	<p>3.1-5(a)(2)</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>Based on interview and record review, the facility failed to ensure a small bowel obstruction that resulted in hospitalization</p>			F0272	<p>1. Resident A returned from the hospital to the facility and is currently stable. 2. All residents have the potential to be affected.</p>		06/06/2011

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	<p>and surgical intervention was appropriately assessed for 1 of 8 residents reviewed for significant changes in a sample of 15 (Resident A).</p> <p>Findings included:</p> <p>A facility policy, revised March, 2011, and titled "Nursing Department Charting Policy and Procedure," provided by the Director of Nursing (DON) on 5/17/11 at 5:42 p.m., included, but was not limited to, the following:</p> <p>"...Purpose: To accurately document in an organized manner all pertinent information related to the resident in the nurses' notes...follow-up of occurrence...each shift X(times) 24 hours...Any condition change...supplemental assessments will be completed...with significant changes in condition...not limited to:...Bowel...assessment..."</p> <p>A facility policy, dated July, 1996, and titled "Bowel Sounds, Assessment of," provided by the DON on 5/17/11 at 5:42 p.m. included, but was not limited to, the following:</p> <p>"...Bowel sounds will be assessed by a licensed professional...as needed due to GI (gastrointestinal) distress, or per</p>				<p>See below for corrective measures.3. The Nursing Charting Policy and Procedure was reviewed, along with the Bowel Assessment policy (see attachments C and D), and no changes were indicated. Licensed nursing staff were re-educated on both policies. The DON or her designee will reivew Nurse's Notes and the 24-Hour Condition Reports daily on scheduled work days indefinitely to ensure changes in condition are assessed and documented on accordingly until resolved (see attachment B). 4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 6, 2011.</p>		

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	<p>physician's order...Document any pertinent observations in the medical record...."</p> <p>The clinical record for Resident A was reviewed on 5/16/11 at 2:00 p.m.</p> <p>Diagnoses for Resident A included, but were not limited to, small bowel obstruction, small bowel resection (surgical procedure), history of gastrointestinal bleed, gastroesophageal reflux disease, constipation, gallstones, anemia, dementia, psychosis, anxiety and depression.</p> <p>Mayo Clinic.com's web site included, but was not limited to, the following definition of intestinal obstruction:</p> <p>"...Intestinal obstruction is a blockage of ...small intestine...caused by many conditions, including fibrous bands of tissue in the abdomen (adhesions)...Intestinal obstruction can result in... abdominal pain and swelling, nausea, and vomiting. If left untreated...can cause the blocked parts of ...intestine to die. ...can lead to perforation of the intestine, severe infection and shock...if left untreated, intestinal obstruction can cause serious, life-threatening complications, including: death of the affected intestine...tissue</p>						

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	<p>death can result in a tear (perforation)...which can lead to infection... Peritonitis is the medical term for infection in the abdominal cavity...a life-threatening condition that requires immediate medical and surgical attention...."</p> <p>A care plan worksheet, with an original date of 7/28/10 and a goal date of 5/9/11, indicated Resident A was at risk for : nausea and vomiting, gastric distention, reflux and bleeding. Interventions included: monitor for signs and symptoms of gastric pain, nausea and vomiting, and abdominal distention and report abnormal findings to the physician as needed</p> <p>Nursing notes included, but were not limited to, the following:</p> <p>4/20/11 at 2:00 p.m.: "...Res(resident) nauseous and vomiting all shift..."</p> <p>4/20/11 at 11:30 p.m.: "...nurse reported that res has vomited 3-4 x's(times) this evening..."</p> <p>4/21/11 at 5:00 a.m.: "...Res has vomited x 2, vomit is dark green/black, with odor similar to stool...morning meds held secondary to vomiting..."</p> <p>4/21/11 at 12:00 p.m.: "...resident vomited at 9 a.m. after breakfast...resident given enema & results of x lg (extra large) ...MD (medical doctor) called and is</p>						

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	<p>aware of condition..."</p> <p>4/22/11 at 10:00 p.m.: "...Emesis x 1 this shift...Po (by mouth) meds held d/t (due to) vomiting..."</p> <p>4/23/11 at 12:40 a.m.: "...Vomited lrg (large) amount of green emesis with odor similar to BM (bowel movement). Bowel sounds faint sluggish, abdomen firm...On call MD paged..."</p> <p>4/23/11 at 1 a.m.: "...Received call back from on-call physician. N.O. (new order) for KUB (kidney, ureter, bladder x-ray) and IM (intramuscular) Phenergan 12.5 mg every 6 hours prn (as needed).</p> <p>4/23/11 at 1:20 a.m.: "... (name of company) contacted to order STAT (as soon as possible) KUB order..."</p> <p>4/23/11 at 7:00 a.m.: "...KUB results called to MD, also contacted MD with info [sic] of resident cont [continuing] to vomit...B/P (blood pressure) 72/40, P(ulse) 110...received orders to send resident to ER [emergency room]...[name of ambulance company] here to transport..."</p> <p>4/23/11 at 12:00 p.m.: "...resident admitted to [name of hospital]..."</p> <p>A facility transfer form, dated 4/23/11, indicated Resident A was sent to the emergency room for evaluation of continuous vomiting, a blood pressure of 72/40, and a temperature of 99.2 degrees. Comments included, "...resident has had</p>						

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	<p>off and on vomiting x (times) 48 hrs (hours)...KUB (x-ray of kidneys, ureter, and bladder) done 4/23...."</p> <p>Hospital records, dated 5/5 and 5/6/11, indicated Resident A was then transferred from the admitting hospital to another hospital on 4/26/11 for a small bowel obstruction and underwent surgery on 4/28/11, which resulted in a resection of the small bowel.</p> <p>Nursing notes indicated the onset of gastrointestinal symptoms of nausea and vomiting was documented on 4/20/11 at 2:00 p.m. There were no entries from 4/21/11 at 12:00 p.m. until 4/22/11 at 10:00 p.m.; indicating a 34 hour time span with no assessment of the change in gastrointestinal status. There was also no assessment of bowel sounds until 4/23/11 at 1:20 a.m.</p> <p>During an interview with the DON and the ADON on 5/17/11 at 11:50 a.m., the nursing notes for Resident A were reviewed. Neither the DON or ADON provided an explanation for the lack of assessment of the change in gastrointestinal status.</p> <p>This Federal tag is related to complaint IN00090001.</p>						

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F0282 SS=D	<p>3.1-31(a)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure care plans and physicians orders were followed</p>			F0282	<p>1. Residents #33, 36 and 43 were not harmed. Care plans related to pain management were reviewed and revised as needed.2. All residents with potential for or actual pain have the potential to be affected. All plans of care related to pain have been reviewed and revised as indicated.3. The policies related to pain management and medication administration (see attachments E and F) were</p>		06/06/2011

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	<p>as written for 3 of 15 residents reviewed for medication orders and care plans in a sample of 15 (Residents # 33, # 36, and # 43).</p> <p>Findings included:</p> <p>1. The record for Resident # 33 was reviewed on 5/18/11 at 1:30 p.m.</p> <p>Diagnoses included but are not limited to, CHF, anxiety, angina (chest pain), gall stones, neuropathy</p>				<p>reviewed and no changes were indicated. Licensed nursing staff were re-educated on those policies. The DON or her designee will review narcotic records, medication administration records and PRN Medication Flowsheets (which include assessments) daily on scheduled work days (see attachment G) for one month then twice weekly for one month, then weekly thereafter to ensure continued compliance. Pain care plans will be reviewed by the DON or her designee monthly for three months then quarterly thereafter (see attachment H).4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before ----, 2011.</p>		

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	<p>(nerve pain) coronary artery disease, osteoporosis, and emphysema.</p> <p>A recapitulated physicians order for the months of April and May, indicated Resident #33 had an order for Hydrocodone-APAP 10-500 mg, 1 tablet by mouth every 8 hours PRN (as needed) for pain.</p> <p>A care plan for pain, initiated 4/8/11 and</p>						

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	<p>updated 4/26/11, indicated Resident # 33 had the potential for pain in the following areas: chest, general, Rt (right) foot, and back. The goal for Resident # 33 was a pain score of 5 or less on a scale of 0-10. An intervention list related to problems indicated the facility would administer pain medications as ordered and monitor efficacy.</p> <p>During review of the facility's Narcotic</p>						

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	<p>Control Record,</p> <p>Resident # 33 received PRN pain medication on May 5th and May 8th at 6 a.m. and 12:00 "N" (indicating Noon hour). The record indicated only 6 hours between doses.</p> <p>Resident # 33 received PRN pain medication on May 10th at 7: 00 a.m. and 12 "N". The record indicated only 5 hours between doses.</p> <p>Resident #33 received PRN pain medication on May 13th at 5:00 a.m. and 10:00 a.m.</p>						

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	<p>The record indicated only 5 hours between doses. Resident #33 received PRN pain medication on May 15th at 12 "N" and 2:00 p.m. The record indicated only 2 hours between doses.</p> <p>During an interview with the Director of Nursing (DON) on 5/19/11 at 3:30 p.m., further information was requested in regards to the medication being administered before</p>						

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	<p>the order suggested it could be administered. The DON indicated that there was no other information available.</p> <p>During review of the facility's Narcotic Control Record, Resident # 33 received PRN pain medication every day in the month of April, except April 4th, 2011. A review of Resident #33's "prn pain management flow sheet" for April, indicated Resident #33 received an assessment</p>						

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	<p>of pain levels, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April, 13th 15th, 19th, 21st, 23rd, 24th, 26th, 27th, 28th, and 29th, 2011. The record indicated 18 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During review of the facility's Narcotic Control Record,</p>						

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	Resident # 33 received the PRN pain medication each day, from May 1st to May 17th. A review of Resident #33's "prn pain management flow sheet" for May, indicated Resident #33 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: May, 2nd, 3rd, 5th, 6th, 7th, 8th, 10th, 15th, 16th and 17th,						

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	<p>2011. The record indicated 7 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During an interview with the DON on 5/19/11 at 2:00 p.m., further information was requested in regards to assessments. No further information was available.</p> <p>2. The record for Resident # 36 was</p>						

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	<p>reviewed on 5/18/11 at 1:00 p.m.</p> <p>Diagnoses include but are not limited to, coronary artery disease, chronic pain, osteoporosis, Myasthenia Gravis, angina (chest pain), constipation, and depressive disorder.</p> <p>A recapitulated physicians order for the months of April and May, indicated that Resident # 36 had an order for</p>						

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	<p>Hydrocodone-APAP 7.5-500 mg, liquid suspension, give 10 ml by mouth ever 6 hours PRN (as needed) for pain.</p> <p>A care plan for pain, initiated 4/8/11 and updated 4/20/11, indicated Resident # 36 had the potential for pain in the following areas: generalized, chest and stomach. The goal for Resident # 36 was a pain score of 5 or less on a scale of 0-10. An</p>						

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	<p>intervention list related to problems indicated the facility would ...administer pain medications as ordered and monitor efficacy.</p> <p>During review of the facility's Narcotic Control Record, Resident # 36 received PRN pain medication on April 2nd, 19th, 20th and 21st, 2011. A review of Resident # 36's "prn pain management flow sheet" for April,</p>						

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	<p>indicated Resident #36 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April 20th and 21st. The record indicated 2 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During review of the facility's Narcotic Control Record,</p>						

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	<p>Resident # 36 received PRN pain medication on May 2nd, 7th, 11th and 12th, 2011. A review of Resident # 36's "prn pain management flow sheet" for May, indicated Resident # 36 received no assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy. The document was blank.</p> <p>3. The record of Resident # 43 was</p>						

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	<p>reviewed on 5/18/11 at 1:15 p.m.</p> <p>Diagnoses for Resident # 43 included, but were not limited to, neurofibromatosis, (the growth of tumors along nerves) pelvic mass, neuropathy and major depressive disorder.</p> <p>Recapitulated physician's orders for 4/2011 indicated the resident could receive Percocet (a narcotic pain medication) 5-325 milligrams- 1 tablet every 6 hours as needed for pain. The original date of this order was 11/12/10.</p> <p>A care plan for Resident # 43, dated 4/18/11, indicated a problem of "The resident has the potential for pain in the following areas: general, pelvic Due to: Dx [diagnosis]: Neurofibromatosis, Large Pelvic tumor, chronic pain, Neuropathy." A goal was the resident would have a pain less than 5 on a scale from 0 - 10. Interventions included, but were not limited to, "assess pain on a scale of 0 - 10...Attempt other interventions such as: massage, repositioning, Administer pain medications as ordered and monitor efficacy..."</p> <p>Review of a PRN Medication Flow Sheets indicated columns to be filled out for date, time, reason, pain severity, attempted alternative interventions, medication,</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>initials and effectiveness each time a PRN pain medication was given.</p> <p>Review of Controlled Drug Record sign out sheets indicated Resident # 43 received 1 Percocet 96 times in April, 2011.</p> <p>A review of Resident # 43's PRN Medication Flow Sheets indicated only 38 entries regarding assessment of his pain and effectiveness of the administered pain medication, out of the 96 times it was given in April.</p> <p>During an interview with the Regional Nurse Consultant on 5/19/11 at 4:15 p.m., she indicated the resident's pain is supposed to be assessed every time a PRN pain medication is administered, and the information is supposed to be put on the PRN Medication Flow Sheet, along with the follow up assessment regarding the effectiveness of the drug. She indicated this assessment process is part of the resident's care plan for pain.</p> <p>3.1-35(g)(2)</p>						

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F0329 SS=E	<p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure residents were being assessed prior to the administration of pain medication, failed to provide non-pharmacological</p>			F0329	<p>1. Residents # 33, 36, 43 and 50 were not harmed. Pain care plans have been reviewed and revised as indicated. See below for additional corrective measures. 2. All residents with potential for or actual pain have the potential to be affected. All plans of care related to pain have been reviewed and revised as indicated. 3. The policies related to pain management and medication administration (see attachments E and F) were reviewed and no changes were indicated. Licensed nursing staff were re-educated on those policies. The DON or her designee will review narcotic records, medication</p>		06/06/2011

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	<p>interventions and failed to assess the effectiveness of the pain medications for 4 of 8 residents reviewed for pain management in a sample of 15 (Residents # 43, # 50, # 33, # 36).</p> <p>Findings included:</p> <p>A policy, dated 8/2010, and received on 5/18/11 at 3:15 p.m., from the Director of Clinical Operations, titled "Medication</p>				<p>administration records and PRN Medication Flowsheets (which include assessments) daily on scheduled work days (see attachments G and H) for one month then twice weekly for one month, then weekly for two months, then monthly thereafter to ensure continued compliance. Pain care plans will be reviewed by the DON or her designee monthly for three months then quarterly thereafter (see attachment I).4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 6, 2011.</p>		

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	Administration Policy and Procedure," indicated ..."Purpose: To administer medications according to the guidelines set forth by the State and Federal regulations...23. Medication administration will be recorded on the MAR [Medication Administration Record] or TAR [Treatment Administration Record] after given...."						

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	<p>A policy, received from the Director of Nursing (DON) on 5/17/11 at 11:30 a.m., dated 5/2011, titled "Pain Management Procedure," indicated "Procedure:...5. Documentation of administration of the ordered medication will be initialed on the front of the MAR...6. With the administration of PRN [as needed] pain medication, additional information including, but not limited to</p>						

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	<p>reasons for administration, interventions attempted, and effectiveness of pain medication will be documented on the back of the MAR or on a PRN Medication Flow sheet...."</p> <p>1. The record of Resident # 43 was reviewed on 5/18/11 at 1:15 p.m.</p> <p>Diagnoses for Resident # 43 included, but were not</p>						

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	<p>limited to, neurofibromatosis, (the growth of tumors along nerves) pelvic mass, neuropathy and major depressive disorder.</p> <p>Recapitulated physician's orders for 4/2011 indicated the resident could receive Percocet (a narcotic pain medication) 5-325 milligrams 1 tablet every 6 hours as needed for pain. The original date of this order was 11/12/10</p>						

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	<p>A care plan for Resident # 43, dated 4/18/11, indicated a problem of "The resident has the potential for pain in the following areas: general, pelvic Due to: Dx [diagnosis]: Neurofibromatosis, Large Pelvic tumor, chronic pain, Neuropathy." A goal was the resident would have a pain less than 5 on a scale from 0 - 10. Interventions included, but were not limited</p>						

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	<p>to, "assess pain on a scale of 0 - 10...Attempt other interventions such as: massage, repositioning, Administer pain medications as ordered and monitor efficacy...."</p> <p>Review of a PRN Medication Flow Sheets indicated columns to be filled out for date, time, reason, pain severity, attempted alternative interventions,</p>						

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	<p>medication, initials and effectiveness each time a PRN pain medication was given.</p> <p>Review of Controlled Drug Record sign out sheets indicated Resident #43 received 1 Percocet 96 times in April, 2011.</p> <p>A review of Resident # 43's PRN Medication Flow Sheets indicated only 38 entries regarding assessment of his pain and effectiveness of</p>						

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	<p>the administered pain medication, out of the 96 times it was given in April.</p> <p>A review of the MAR for Resident # 43 indicated only 20 entries of Percocet during April, 2011, out of the 96 times it was given.</p> <p>During an interview with the Regional Nurse Consultant on 5/19/11 at 4:15 p.m., she indicated the resident's pain is</p>						

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	<p>supposed to be assessed every time a PRN pain medication is administered, and the information is supposed to be put on the PRN Medication Flow Sheet, along with the follow up assessment regarding the effectiveness of the drug. She indicated they had been auditing this process but had only been checking the MAR for times of administration, not the Controlled Drug Record.</p>						

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	<p>2. The record of Resident # 50 was reviewed on 5/16/11 at 9:30 a.m.</p> <p>Diagnoses for Resident # 50 included, but were not limited to, pressure sores, end stage renal disease, stroke, cancer, depression and dementia.</p> <p>A recapitulated physician's order for March, 2011, with an original date of</p>						

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	<p>2/25/10, indicated the resident could receive Hydroco-APAP (a narcotic pain medication) 7.5-500 milligrams (mg) every 4 hours as needed for pain.</p> <p>Review of Controlled Drug Record sign out sheets indicated between 3/1/11 and 3/11/11 Resident # 50 received Hydroco-APAP 7.5-500 mg. 21 times.</p> <p>A review of a PRN</p>						

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	<p>Pain Management</p> <p>Flow Sheet indicated only 1 entry regarding assessment of her pain and effectiveness of the administered pain medication, out of the 21 times it was given between 3/1/11 and 3/11/11.</p> <p>Review of the MAR for March, 2011, for Resident # 50 indicated only 1 entry of for Hydroco-APAP 7.5-500 mg given between 3/1/11 and 3/11/11.</p>						

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	<p>During an interview with the Regional Nurse Consultant on 5/19/11 at 4:15 p.m., she indicated the resident's pain is supposed to be assessed every time a PRN pain medication is administered, and the information is supposed to be put on the PRN Medication Flow Sheet, along with the follow up assessment regarding the effectiveness of the drug. She indicated</p>						

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	<p>they had been auditing this process but had only been checking the MAR for times of administration, not the Controlled Drug Record.</p> <p>3. The record for Resident # 33 was reviewed on 5/18/11 at 1:30 p.m.</p> <p>Diagnoses include but are not limited to, CHF, anxiety, angina (chest pain), gall stones, neuropathy (nerve pain) coronary artery disease, osteoporosis, and emphysema.</p> <p>A recapitulated physicians order for the months of April and May, indicated that Resident # 33 had an order for Hydrocodone-APAP 10-500 mg, 1 tablet by mouth every 8 hours PRN (as needed) for pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 33 received PRN pain medication every day in the month of April, except April 4th, 2011. A review of Resident # 33's "prn pain</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>management flow sheet" for April, indicated Resident # 33 received an assessment of pain levels, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April, 13th, 15th, 19th, 21st, 23rd, 24th, 26th, 27th, 28th, and 29th, 2011. The record indicated 18 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 33 received the PRN pain medication each day, from May 1st to May 17th. A review of Resident # 33's "prn pain management flow sheet" for May, indicated Resident # 33 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: May, 2nd, 3rd, 5th, 6th, 7th, 8th, 10th, 15th, 16th and 17th, 2011. The record indicated 7 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During an interview with the DON on 5/19/11 at 2:00 p.m., further information was requested in regards to assessments. The DON indicated there was no further information in regards to assessments.</p>						

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	<p>4. The record for Resident # 36 was reviewed on 5/18/11 at 1:00 p.m.</p> <p>Diagnoses include but are not limited to, coronary artery disease, chronic pain, osteoporosis, Myasthenia Gravis, angina (chest pain), constipation, and depressive disorder.</p> <p>A recapitulated physicians order for the months of April and May, indicated that Resident # 36 had an order for Hydrocodone-APAP 7.5-500 mg, liquid suspension, give 10 ml by mouth ever 6 hours PRN (as needed) for pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 36 received PRN pain medication on April 2nd, 19th, 20th and 21st, 2011. A review of Resident # 36's "prn pain management flow sheet" for April, indicated Resident # 36 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April 20th and 21st. The record indicated 2 days of PRN pain medication was administered without prior assessment of pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 36 received PRN pain medication on May 2nd, 7th, 11th and 12th, 2011. A review of</p>						

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F0514 SS=D	<p>Resident # 36's "prn pain management flow sheet" for May, indicated Resident # 36 received no assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy. The document was blank.</p> <p>During an interview with the DON on 5/19/11 at 2:00 p.m., further information was requested in regards to pain assessments and alternatives. The DON indicated there was no other information available.</p> <p>3.1-48(a) 3.1-48(a)(3)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure residents' records contained complete documentation for 2 of 8 residents reviewed for pain in a</p>		F0514	<p>1. Residents # 33 and 36 were not harmed. See below for additional corrective measures.2. All residents with potential for or actual pain have the potential to be affected. See below for</p>		06/06/2011	

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	<p>sample of 15 (Residents # 33, # 36).</p> <p>1. The record for Resident # 33 was reviewed on 5/18/11 at 1:30 p.m.</p> <p>Diagnoses include but are not limited to, CHF, anxiety, angina (chest pain), gall stones, neuropathy (nerve pain) coronary artery disease, osteoporosis, and emphysema.</p> <p>A recapitulated physicians order for the months of April and May, indicated that Resident # 33 had an order for Hydrocodone-APAP 10-500 mg, 1 tablet by mouth every 8 hours PRN (as needed) for pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 33 received PRN pain medication every day in the month of April, except April 4th, 2011. A review of Resident # 33's "prn pain management flow sheet" for April, indicated Resident # 33 received an assessment of pain levels, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April, 13th, 15th, 19th, 21st, 23rd, 24th, 26th, 27th, 28th, and 29th, 2011. The records reviewed indicated the remaining 18 days, no further assessment documentation was available.</p>				<p>additional corrective measures.3. The policies related to pain management and medication administration (see attachments E and F) were reviewed and no changes were indicated. Licensed nursing staff were re-educated on those policies. The DON or her designee will review narcotic records, medication administration records and PRN Medication Flowsheets (which include assessments) daily on scheduled work days (see attachment G) for one month then twice weekly for one month, then weekly thereafter to ensure continued compliance.4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 6, 2011.</p>		

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	<p>During review of the facility's Narcotic Control Record, Resident # 33 received the PRN pain medication each day, from May 1st to May 17th. A review of Resident # 33's "prn pain management flow sheet" for May, indicated Resident # 33 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: May, 2nd, 3rd, 5th, 6th, 7th, 8th, 10th, 15th, 16th and 17th, 2011. The records reviewed indicated the remaining 7 days, no further assessment documentation was available.</p> <p>During an interview with the DON on 5/19/11 at 2:00 p.m. further information was requested in regards to any further documentation. The DON indicated no further documentation was available.</p> <p>2. The record for Resident # 36 was reviewed on 5/18/11 at 1:00 p.m.</p> <p>Diagnoses include but are not limited to, coronary artery disease, chronic pain, osteoporosis, Myasthenia Gravis, angina (chest pain), constipation, and depressive disorder.</p> <p>A recapitulated physicians order for the months of April and May, indicated that Resident # 36 had an order for</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155605		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/19/2011	
NAME OF PROVIDER OR SUPPLIER GRANDVIEW HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN46151			
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	<p>Hydrocodone-APAP 7.5-500 mg, liquid suspension, give 10 ml by mouth ever 6 hours PRN (as needed) for pain.</p> <p>During review of the facility's Narcotic Control Record, Resident # 36 received PRN pain medication on April 2nd, 19th, 20th and 21st, 2011. A review of Resident # 36's "prn pain management flow sheet" for April, indicated Resident # 36 received an assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy on the following dates: April 20th and 21st. The records reviewed indicated the remaining 2 days, no further assessment documentation was available.</p> <p>During review of the facility's Narcotic Control Record, Resident # 36 received PRN pain medication on May 2nd, 7th, 11th and 12th, 2011. A review of Resident # 36's "prn pain management flow sheet" for May, indicated Resident # 36 received no assessment of pain level, need of medication, alternative and non pharmacological methods, and efficacy. The document was blank.</p> <p>During an interview with the DON on 5/19/11 at 2:00 p.m. further information was requested in regards to any further documentation. The DON indicated no further documentation was available.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

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	3.1-50(a)(1)						